



# National Governors Association

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## Recommendations from the State Alliance for E-Health



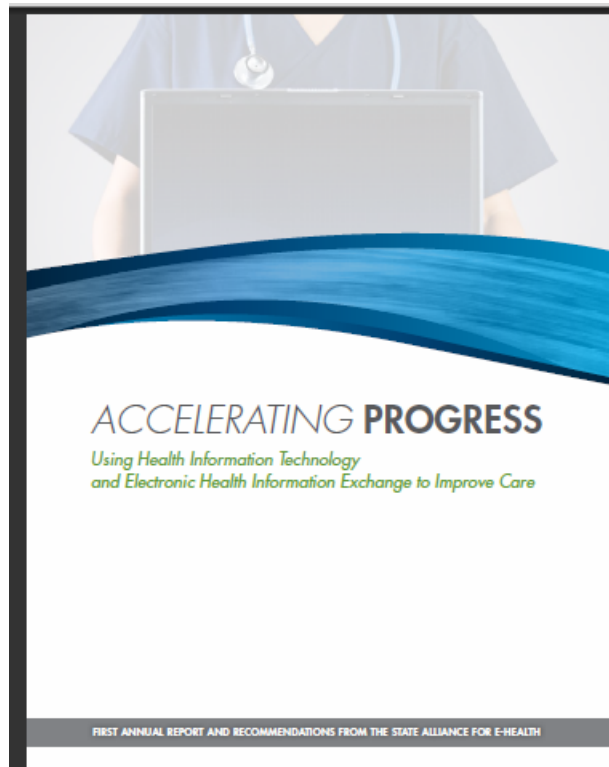
# State Alliance for E-Health

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- Created in 2006 to help states navigate the complexities of developing and using the electronic tools critical for transforming health care
- Encourages states to take the lead in developing initiatives for improving quality of care, expand coverage, address disparities, and promote healthier lifestyles

# State Alliance for E-Health

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First report published August 2008

<http://www.nga.org/Files/pdf/0809EHEALTHHIEREPORT.PDF>



# State Alliance for E-Health

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- Chaired by Tennessee Governor Phil Bredesen
- Vermont Governor Jim Douglas is Vice-Chair
- The remaining members represent governors, insurance commissioners, attorneys general, and state legislatures
- Advisory committee composed of representatives from the private and public sectors



# HIT and HIE

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- **Health Information Technology (HIT)**
  - Information systems specific to the health care domain, i.e., the computer hardware, software and procedures and personnel designed, operated and maintained to collect, record, process, retrieve and display information
- **Health Information Exchange (HIE)**
  - Electronic movement of health-related information among organizations according to nationally-recognized standards



# Benefits of HIT and Electronic HIE

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- Higher quality of care through best practices and continuity of care
- Reduction in adverse drug events and overutilization with the adoption of e-prescribing
- Improved coordination of treatment through timely access to health information
- Detection of infectious disease outbreaks
- Improved clinical outcomes
- Disease management tracking



# HIE Challenges

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- High investment costs and concerns about revenue loss from lower productivity during the transition phase
- Consumer concerns about the privacy, security and misuse of their health information
- Variations in recognized technical standards for interoperability
- Impeded interstate medical practice due to differences in state professional licensure requirements
- Financial sustainability difficult due to fragmented organizational structures, disparate/antiquated data systems, limited funds, and workforce constraints



## E-Prescribing: Gateway to E-Health

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- Critical first step toward HIT and electronic HIE
- Necessary infrastructure and standards exist nationwide, making it feasible and achievable in the short term
- Slow rate of adoption
- State Alliance believes faster adoption of e-prescribing could speed up the development of electronic medical records





# Recommendations for State Action

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- Provide leadership and support for e-health efforts
  - Designate a single authority for state government interagency coordination and collaboration with statewide public-private efforts
  - Establish roadmap for HIE development
  - Issue executive orders and/or legislation supporting e-health activities
  - Utilize existing health system transparency and quality improvement to drive HIT and HIE



# Recommendations for State Action

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- Address privacy and security issues
  - Consolidate and update relevant privacy and security laws to better respond to consumer protection needs in an electronic HIE environment
  - Educate leaders and support efforts to reduce variation of state privacy requirements while ensuring necessary consumer protections



# Recommendations for State Action

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- Promote the use of standards-based, interoperable technology
  - Promote and support the acquisition of certified systems
  - Participate in national certification and standards-setting processes
  - Ensure bi-directional exchange of data between clinical care and public health
  - Require public program health information systems to conform to standards recognized by the federal Secretary of Health and Human Services
  - Align policies and laws to support intra- and interstate data exchange among public programs
  - Develop and implement incentive programs or reimbursement policies that support HIT and HIE adoption



# Recommendations for State Action

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- Streamline the licensure process to enable cross-state e-health
  - Direct each health professional board to
    - Develop or adopt common core licensure applications
    - Implement and promote the use of online licensure applications
    - Work with counterparts in other states to develop a nationwide cores set of credentialing parameters
    - Develop or adopt common core licensure applications
    - Utilize a single, centrally coordinated credential verification organization (CVO) to conduct primary source verifications
    - Require state and federal criminal background checks for all applicants on initial state license
  - Direct the state medical and pharmacy boards to collaborate with their counterparts in other states to establish a process that ensures licensure recognition by other states
  - Direct the state nursing board to participate in the Nurse Licensure Compact
  - Pursue standardization of the regulatory framework for each field of advanced practice nursing



# Recommendations for State Action

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- Engage consumers to use HIT in managing their health and health care
  - Direct public programs to develop consumer engagement tools
  - Provide publicly-funded health programs with resources to develop cultural and linguistic competency
  - Direct the Medicaid and state employee health plan programs to implement standards-based personal health records (PHRs)



# Recommendations for State Action

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- Develop workforce capacity to support electronic HIE efforts
  - Support publicly funded health program efforts to secure executive leadership who are trained in and understand the complexities involved with HIT and HIE projects
  - Provide Medicaid with technical assistance resources
  - Provide public health agencies with resources necessary to train and hire workforce to support public health system modernization efforts
  - Establish flexible financing mechanisms to maximize public program, cross-agency investments



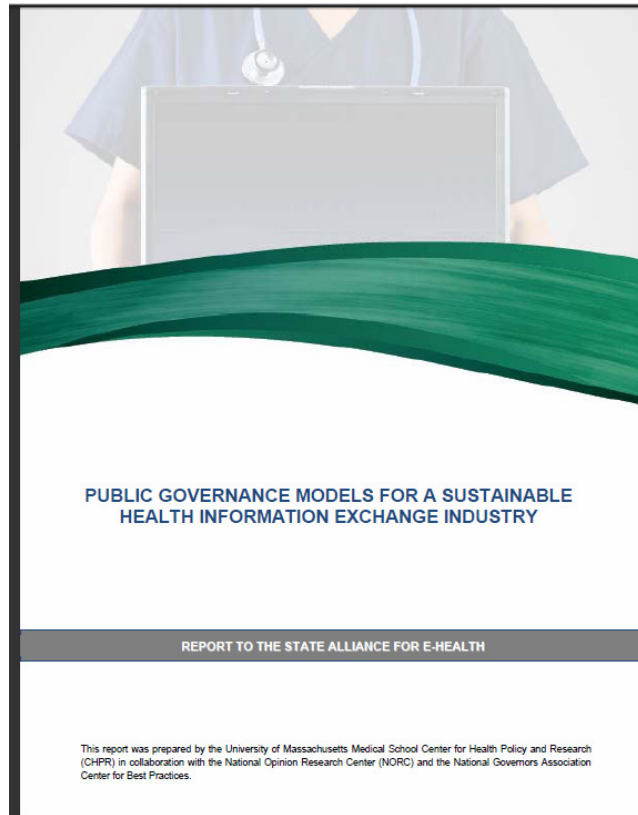
# Conclusions

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- State Alliance for e-Health encourages states to act collaboratively to make needed reforms happen
- Recognizes that the complexities and challenges that contribute to the slow adoption of HIT and development of HIE still need to be explored

# State Alliance for E-Health

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Final Report to the State Alliance for E-Health 9/09  
<http://www.nga.org/Files/pdf/0902EHEALTHHIEREPORT.PDF>





# U of MA Med School Report

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- Assesses the current state of the electronic HIE marketplace and the oversight and regulatory roles of state government in other industries
- Details three conceptual models of public governance for sustainable HIE
- Delves into specific rationale and description, legal structure and financing and accountability considerations for each model.



# General Comments

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- Electronic HIE is still in the infant stages of development, due to competing organizational interests and lack of financial sustainability
- While a number of health information organizations (HIO) are operating nationally, a limited number of them have sustainable business models
- Because sustainable HIOs are in their early stages of development, it provides an opportunity for states to be proactive in determining their role in this developing industry
- The role of states in the governance of this evolving industry has been identified as one of the key determinants of state involvement going forward
- State governments have an immediate opportunity to determine the best regulatory and governance framework to support and advance HIT and HIE
- States that have already taken leadership steps in developing governance and regulatory structures to promote multi-stakeholder HIE – Rhode Island, New York, Delaware, Pennsylvania, Washington, Oregon, and Tennessee



## 5 Critical Elements of Success

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- Engagement of key public and private healthcare stakeholders
- A formal organizational governance structure that is representative of stakeholders
- A technical architecture that facilitates electronic HIE
- Identified data sources, transaction types, and standards for exchange, security, and privacy
- Financing to support development and operations of electronic HIE

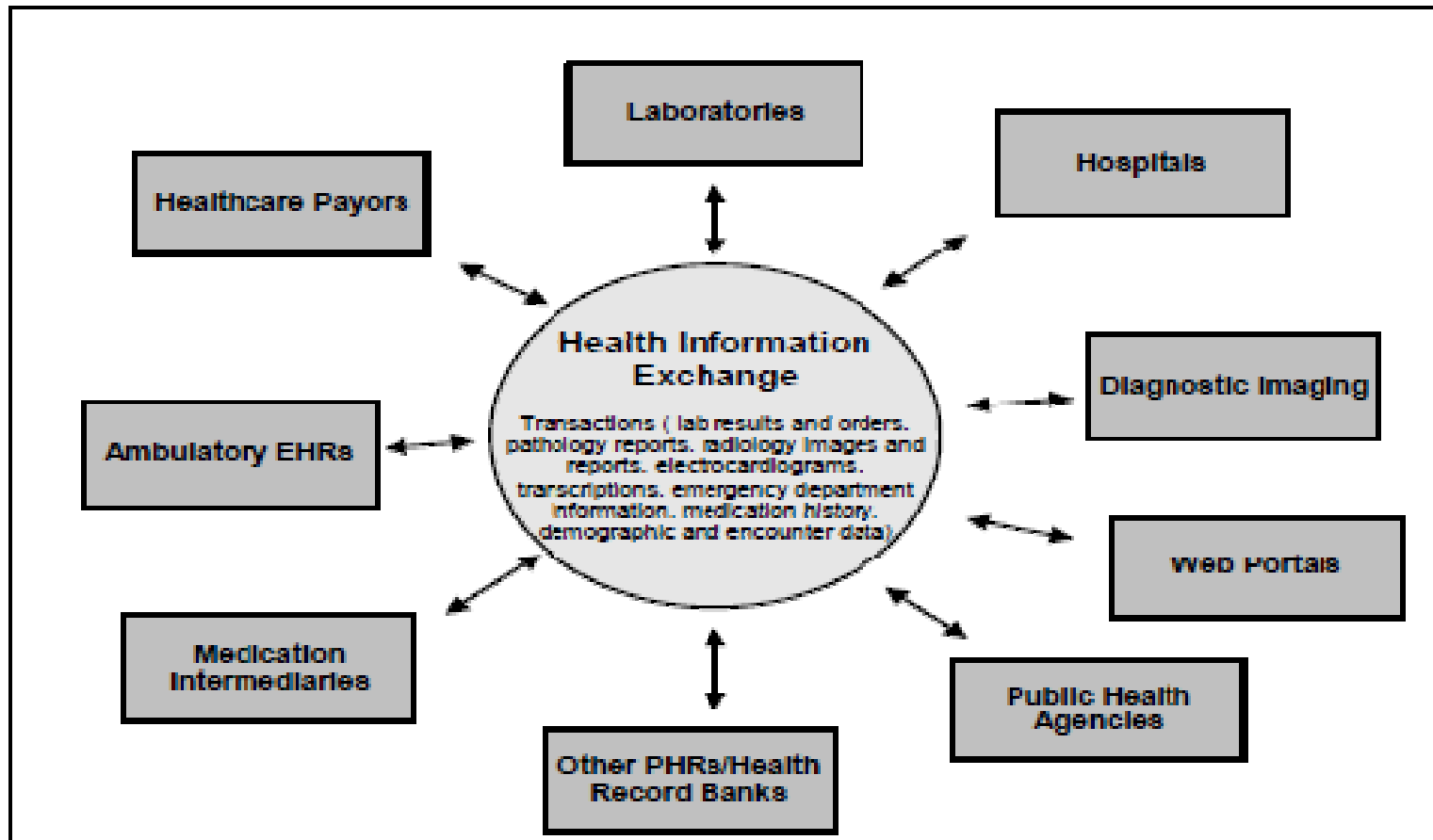


## 3 Public Governance Models for Sustainable HIE – Starting Points

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- Model 1 – **Government-Led Electronic HIE:** Direct Government Provision of the Electronic HIE Infrastructure and Oversight of its Use
- Model 2 – **Electronic HIE Public Utility with Strong Government Oversight:** Public Sector Serves an Oversight Role and Regulates Private-Sector Provision of Electronic HIE
- Model 3 – **Private-Sector-Led Electronic HIE with Government Collaboration:** Government Collaborates and Advises as a Stakeholder in the Private-Sector Provision of Electronic HIE

# Electronic HIE Stakeholders

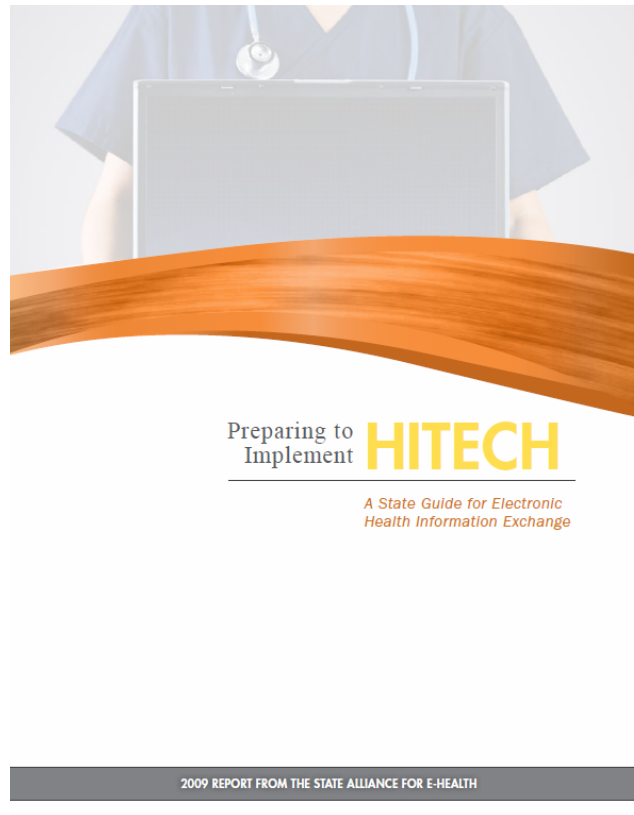


**Success = Trust + Consensus**

Nevada HIT Blue Ribbon  
Task Force

# State Alliance for E-Health

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## State Alliance for E-Health State Guidance for HITECH Implementation 2009

<http://www.nga.org/Files/pdf/0908EHEALTHHITECH.PDF>

Nevada HIT Blue Ribbon

Task Force

October 9, 2009

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# HITECH Implementation

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- HIT and HIE are important tools for improving the quality and efficiency of health care delivery systems
- HITECH Act greatly expands the role of states in facilitating HIE establishment and EHR adoption
- A technical architecture that facilitates electronic HIE
- This guide recommends actions for states to consider for successful HITECH implementation
- Addresses most immediate and necessary state actions



## 3 Key HITECH Components

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- Grants to states for supporting HIE planning and implementation
  - Increase use and exchange of electronic health information
  - Provide assistance and remove barriers
  - Support initiatives and infrastructure for intra- and interstate exchange
  - Provide resources for underserved communities to support EHR adoption and exchange





## 3 Key HITECH Components

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- Medicaid and Medicare incentive payments to providers that use EHR systems and can exchange data
  - EHR systems must be certified and include e-prescribing
  - Technology must provide for EHR systems interoperability
  - Systems must produce reports using various yet-to-be-defined clinical and quality metrics



## 3 Key HITECH Components

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- A requirement that the federal government adopt and use certified standards in all its relevant agencies
  - Federal HHS must adopt standards for health IT systems by end of calendar 2009
  - HITECH Act codifies the existence of the ONC and gives it responsibility for moving toward a nationwide system of health information exchange
  - HITECH provides federal funding for regional extension centers, to offer providers technical assistance and best practices in implementing and using health IT



## 8 Recommended State Actions

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- Prepare/update strategic plan for HIE Adoption, aligned with federal efforts
- Engage stakeholders
- Establish State Leadership Office
- Prepare state agencies for participation
- Implement privacy and security strategies and reforms
- Determine the Health Information Organization (HIO) Operational and Business Model
- Create a communications strategy
- Establish opportunities for health IT training and education, i.e., workforce development